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23117 7590 06/21/2004

**NIXON & VANDERHYE, PC**  
1100 N GLEBE ROAD  
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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/775,805	02/05/2001	Barton F. Haynes	1579-548	4002

TITLE OF INVENTION: HUMAN IMMUNODEFICIENCY VIRUS IMMUNOGENIC COMPOSITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STUCKER, JEFFREY J	1648	424-192100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 NIXON & VANDERHYE P.C.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DUKE UNIVERSITY

BETH ISRAEL DEACONESS MEDICAL CENTER

BOSTON, MASSACHUSETTS

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

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Advance Order - # of Copies 10

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(Authorized Signature) Mary J. Wilson (Date) 9/21/2004

Mary J. Wilson, Reg. No. 32,955 9/21/2004

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09/22/2004 RFEKADU2 00000022 09775805

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02 FC:8001

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